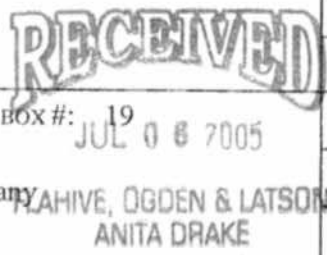


# MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

## PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP ( ) IE ( ) IC		Response Timely Filed? (X) Yes ( ) No	
Requestor's Name and Address Metroplex Diagnostics 200 Wynnwood Village Dallas, TX 75224		MDR Tracking No.: M4-04-3550-01	
		TWCC No.: [REDACTED]	
		Injured Employee's Name: [REDACTED]	
Respondent's Name and Address Fireman's Fund Insurance Company		Date of Injury: [REDACTED]	
		Employer's Name: [REDACTED]	
		Insurance Carrier's No.: [REDACTED]	



## PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
7/15/03	7/15/03	95900-26 x 4	0	
		95904-26 x 4	76.80	76.80
		95935-27 x 6	95.40	0.00
		95900-27 x 4	0	
		95904-27 x 4	0	
		95935-27 x 6	0	-37.10
		99242	90.00	0.00
Total Amount of Refund to the Respondent				\$39.70

## PART III: REQUESTOR'S POSITION SUMMARY

Code 99242 is being billed at the appropriate level. The documentation provided supports the level of service. Office visit was necessary in order to make sure there were no contraindications for the NCV.

The professional and technical components are billed separately. If billed separately, the professional component is reimbursed at 30% of the listed value. The technical component is reimbursed at 70% of the listed value.

## PART IV: RESPONDENT'S POSITION SUMMARY

The carrier asserts that it has paid according to the applicable fee guidelines. Further, the carrier asserts that the charges are inconsistent with the applicable fee guidelines. All reductions of the disputed charges were made appropriately. The EOB denials indicate that the charges for some of the H or F wave studies were included in the value of other procedures performed on the same date. The charge for the office visit was denied as it did not appear to be applicable in this case.

## PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

The documentation requirements for the consultation office visits require three key components. The documentation for this date of service, although a brief description of history and examination, does not qualify as expanded problem focused history or examination. Reimbursement is not recommended for 99242.

Reviews of the EOBs do not reflect that any payment was made for the disputed 95904-26 x4 units. Although the EOB reflects an explanation that the services were previously reviewed and payment was recommended on another analysis, no other evidence was forwarded to MDR to support the amount of any prior payments made. The Requestor indicates that the carrier's audit is confusing the technical charges with the professional charges.

The documentation indicates the Requestor performed sensory studies were done to the sural and peroneal nerves and motor studies were done to the tibial and peroneal nerves of both lower extremities. Billing is correct. reimbursement is

recommended.

Both "F" and "H" wave studies were performed bilaterally. The documentation also reports the patient complained of low back pain radiating down the right leg to the foot and that a comparison study to the left leg was also performed. In accordance with the Medicine Ground Rules IV.B.2.b, "F" wave studies are reimbursed per extremity only if the compensable injury affected both extremities. If the contra-lateral extremity were tested to compare the affected and unaffected side, the comparison study would be considered to be part of the overall study. The unaffected left leg comparison study is considered part of the overall study of the affected right leg. Therefore two units for the "H" study and only one unit of the "F" wave study is reimbursable in this dispute.

The technical component (modifier -27) for the "F" wave study was overpaid by one unit x \$53 x 70% = \$37.10. The TWCC-60 Table of Disputed Services does not list 95935-26 as a disputed item. The Commission cannot make assumptions of the intent of the Requestor.

In accordance with §134.800(f), the Commission Orders an offset of the overpayment with the total amount of additional reimbursement recommended in this Findings and Decision as indicated in the above table.

#### PART VII: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the Requestor is entitled to additional reimbursement in the amount of **\$39.70**. The Division hereby **ORDERS** the Respondent to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Ordered by:



Authorized Signature

Patti Lanfranco

Typed Name

June 29, 2005

Date of Order

#### PART VIII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on 7/1/05. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
P. O. Box 17787  
Austin, Texas, 78744  
or faxed to (512) 804-4011

A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

#### PART IX: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: \_\_\_\_\_ Date: \_\_\_\_\_